

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003251

**Entity Name:** COMMONWEALTH HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

479 PINEY FOREST RD  
DANVILLE, VA 24540

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**6455991338CC**

**Current Mailing Address:**

479 PINEY FOREST RD  
DANVILLE, VA 24540

**FEI Number: 54-1216573**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE SUITE 101-330  
NAPLES, FL 34102 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            JONES, DANNY L  
Address        479 PINEY FOREST RD  
City-State-Zip: DANVILLE VA 24540

Title            DIRECTOR  
Name            WARREN, JR, ROBERT F  
Address        479 PINEY FOREST RD  
City-State-Zip: DANVILLE VA 24540

Title            PRESIDENT  
Name            THOMSON, JACK VII  
Address        479 PINEY FOREST RD  
City-State-Zip: DANVILLE VA 24540

Title            VP  
Name            RABON, SUSAN W  
Address        479 PINEY FOREST RD  
City-State-Zip: DANVILLE VA 24540

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JACK V THOMSON, II**

**PRESIDENT**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date